APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor if plural inventors are named below) of the subject matter which is claimed and for which a patient is sought on the invention entitled:

METHOD AND APPARATUS FOR ION ATTACHMENT MASS SPECTROMETRY.

described and claimed in the specification:

Check one *a. 👸 attached hereto.

b. [filed on ____ as Application No. ____ and amended on ____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

Patent Application No. 2000-169644 filed on June 6, 2000 in Japan

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

NONE

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 35,565; Stephen J. Roe, Reg. No. 34,463; Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and Richard E. Rice, Rec. No. 31,550.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Typewritten Full Nam of First or Sole Inven		Yoshiro		Shiokawa		
**Inventor's Signature	: Cuo	Given Name Shiokayen		liddle Initial	Family Name	
**Date of Signature:		May		14	2001	
Residence:	Hachioji-	Month shi	Tokyo	Day	Year Japan	
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	mailing address, including country)	Tokyo,	Japan			

^{*}If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

^{**}Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

	of Second Joint In	ventor (if any)	Megu	ni		Malsow
2	- inventor's signature:		Given Name		Middle Ini	Nakamura ial Family Name
3			Megn	mi		nakamura
,	**Date of Signature	:	May		14	2001
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			Tohru Given	Nama	Middle Initial	Sasaki
2	**Inventor's Signature:		Tohru			Family Name
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		Month			14	2001
	Residence:				Day	Year
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3	_		Toshil	iro		Fujii
	**Inventor's Signature	•	Given	Name	Middle Initial	Family Name
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inego medo			Month		Day	2001 Year
ad de	Residence:	Hamura-shi		Tokyo		
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		mailing address,				
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	Typographican E. H					
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	Typewritten Full Name of Fifth Joint Inventor					
			Given Na	me	Middle Initial	Family Name
	of Flfth Joint Inventor		Given Na	me	Middle Initial	Family Name
	**Inventor's Signature: **Date of Signature:		Given Na	me	Middle Initial	
	of Fifth Joint Inventor **Inventor's Signature:	(If any)		me		Family Name Year
	**Inventor's Signature: **Date of Signature: Residence:			me State or F	Day	Year
	**Inventor's Signature: **Date of Signature: Residence: Citizenship:	(If any)			Day	
	of Fifth Joint Inventor **Inventor's Signature: **Date of Signature: Residence: Citizenship: Post Office	City Address:			Day	Year
	of Fifth Joint Inventor **Inventor's Signature: **Date of Signature: Residence: Citizenship: Post Office [[(If any)			Day	Year

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.